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Third-Party Payments: Untangling the Web

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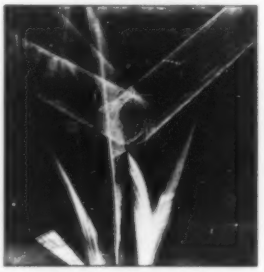

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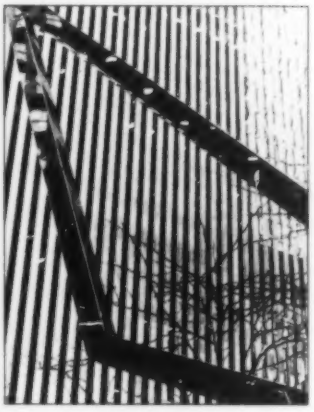

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Measuring Student Retention: A National Analysis

PERI ROSENFELD

New admissions to programs that educate students to earn registered nurse (RN) licenses are falling. In 1983-84, almost 124,000 students were working toward an RN for the first time. By 1985-86, that number had dropped 18.5 percent, to 101,000. Although some individual programs have suffered more than others, all program types are feeling the pinch.

The figures are troublesome, but there are some neglected issues lurking behind them, particularly with regard to recruiting and retaining students. For example, for many programs, admission requirements are minimal and, until the recent crisis, schools have not been very methodical or creative in their recruitment schemes [1]. In addition, although there is no more important job for programs than bringing students in, education watchers have speculated that a deteriorating retention rate is also draining off the already low pool of nursing students.

To know what the nursing supply will look like in years to come, we have to analyze retention rates at the nation's nursing schools. Whether programs are holding on to students is a factor we have to contend with in this era of shortage. Just how bad is the retention picture?

Peri Rosenfeld, PhD. is the director of research at the National League for Nursing.

Most authors who have written about student retention have used case studies to assess individual program's abilities to keep students enrolled until they graduate [2,3]. These authors have correlated independent variables, such as the students' ages, marital statuses, and places of residence, to outcomes, such as drop-out rates, students' grade point averages, and so on. This works for studies of individual schools, but it doesn't give programs a comprehensive understanding of how their retention rates compare with those of other programs.

It's easy to ask a program director whether his or her program has had trouble keeping students; it's harder to empirically measure retention rates on a more comprehensive aggregate level. Aside from the lack of information on why individual students stay or leave, the first methodological obstacle is finding a large, accurate data base that provides class-by-class enrollment data. Luckily, the National League for Nursing's (NLN's) annual survey of nursing education programs provides such a base.

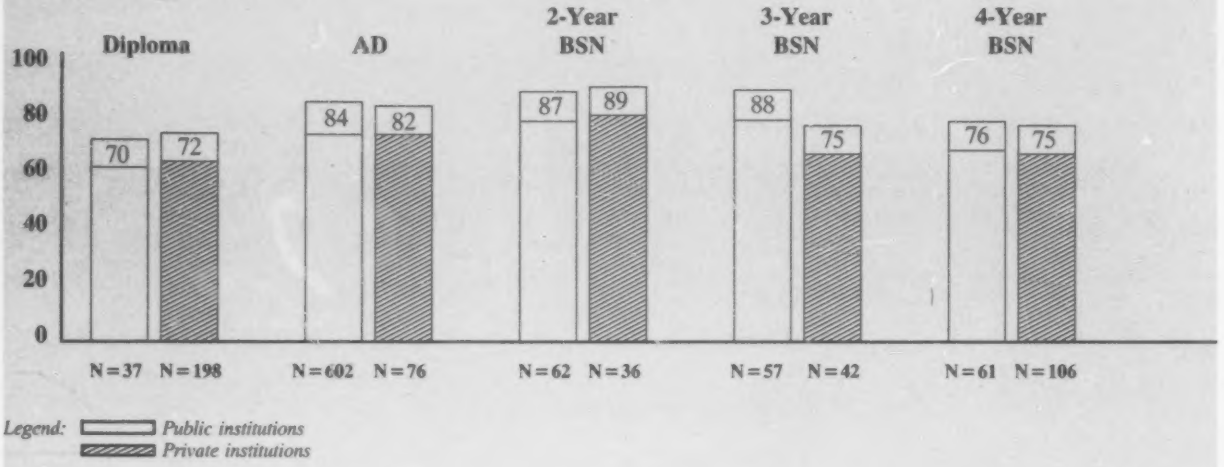
A second methodological problem is more tricky to overcome. NLN's class-by-class data does not distinguish first-time students from students who have transferred or are returning to school. If 100 students are enrolled in a freshman class in 1985 and 100 students are enrolled in the sophomore class in 1986, it looks as if the program's retention rate was 100 percent. What we don't know is whether 10 students left after the freshman year and were replaced with another 10 students in the sophomore year. Therefore, we have to report net retention rates rather than actual rates. Still, these statistics are valuable guideposts to a better understanding of retention in nursing programs and to the financial and personnel resources needed to keep a program alive.

In addition to gleaning a statistical measure of retention, we included in the 1986 survey an addendum on special topics in which we asked program directors to point out the factors that contribute to their retention problems, if they have them.

Statistical Measure

We analyzed class-by-class enrollment data from the 1985-86 annual survey by comparing the enrollments of one class to another and combining the retention rates for all potential classes. Associate degree in nursing (ADN) programs offer the simplest illustration: we compared the number of freshmen in 1985 to the number of

Figure 1. Nursing Schools' Net Retention Rates, 1985–1986



sophomores in 1986 and then compared the number of sophomore enrollees to the actual number of graduates at the end of the academic year. For diploma programs, we followed two sets of classes, and for bachelor's of science in nursing (BSN) programs, we traced four classes.

The NLN annual survey is comprehensive; we query all operating programs. Although we are committed to a 100 percent response rate for all key data—total enrollments, graduates, and so on—a slightly smaller percentage of the programs respond to the entire survey. We also had to eliminate programs that had incomplete data for either 1985 or 1986 from this analysis. In the end, we included in the analysis data from 99 percent of the 238 diploma programs, 87 percent of the 776 ADN programs, and 83 percent of the BSN programs. Overall, full data was available for 87 percent, or 1,280, of the nation's programs.

We broke down net retention rates by program type, type of financial support, and program length. Diploma programs registered the lowest net retention rates: 70 percent at public programs and 72 percent at private institutions. The majority of diploma programs are private. We did find some regional differences; the Midwest reported the strongest net retention rates (see Figure 1).

On a national level, ADN programs registered net retention rates in the low 80 percent range: 83.6 percent for public and 81.8 percent for private institutions. Among public institutions, in which the vast majority of ADN programs reside, the West reported an almost 88 percent net retention, the Midwest reported an 87 percent rate, the North Atlantic reported 83 percent, and the South reported 79 percent.

Analyzing BSN programs was more complex because of differing program lengths. Also, there are about the same number of public and private institutions, so the findings are less transparent than with the other types of programs. For public programs, the numbers of two-year, three-year, and four-year programs are almost identical. Although we speculated that longer programs would have higher attrition rates, the data do not bear this out. The three-year programs had the highest net retention rates—88 percent—closely followed by two-year programs, which registered an 87 percent net rate. Four-year public BSN programs came in at 76 percent. No regional variations emerged.

The picture for private institutions is quite different. First, there are significantly more four-year programs at private schools. The numbers of two- and three-year programs are closer. The most apparent finding is that three- and four-year programs have identical retention rates—75 percent. Two-year private BSN programs register the highest net retention rate of all BSN categories. This finding holds true for all regions in all the BSN groupings.

When we compare public and private BSN programs to ADN and diploma programs, we see that two-year BSN programs have the overall best rates. Three- and four-year programs clearly have stronger rates that diploma programs. Some segments of the ADN programs compare favorably to BSN programs; others do not.

The findings are surprising. Compared to general attrition rates at institutions of higher learning, nursing has a remarkably strong and high net retention rate. Even on its own merit, the retention rate is good.

What does this mean? First, that nursing faculty members are doing things right. The Herculean efforts to ensure the survival of nursing programs—remediation, tutoring, handholding, and so on—are panning out. Despite concerns about new applicants to nursing programs, the students are making it through. Programs expend effort and energy to make this happen and it works. Questions remain, though. The first is how the retention rate compares to those of past years; the second is what this means at the level of the institution.

Figure 2. Nursing Schools' Net Retention Rates, 1978/79–1985/86

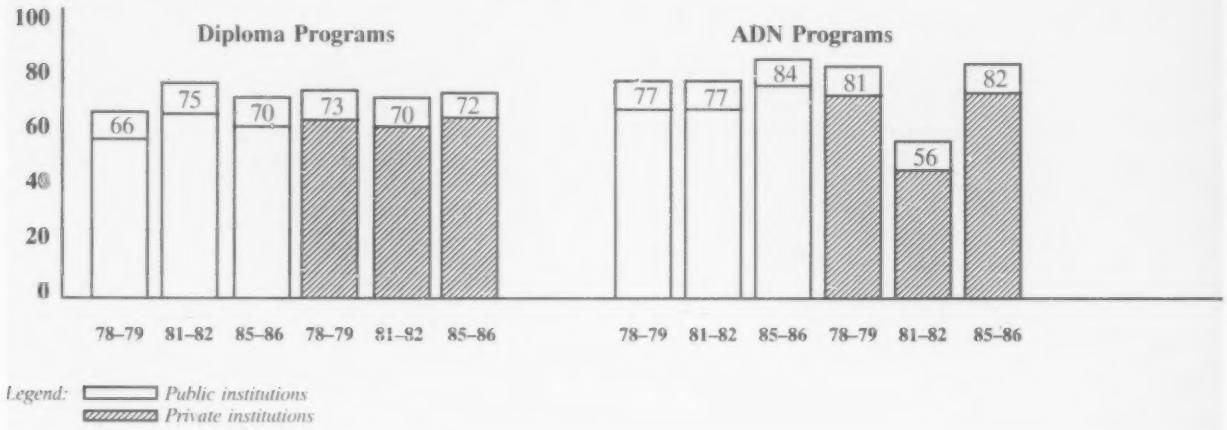


Figure 3. Nursing Schools' Net Retention Rates, 1978/79–1985/86

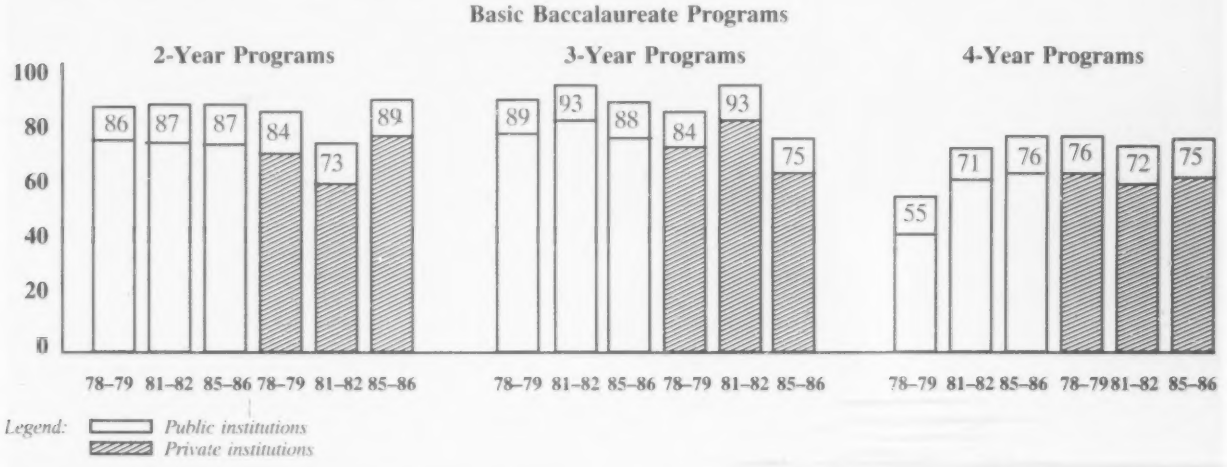


Figure 4. Percentage of Nursing Schools Having Trouble With Retention, 1986

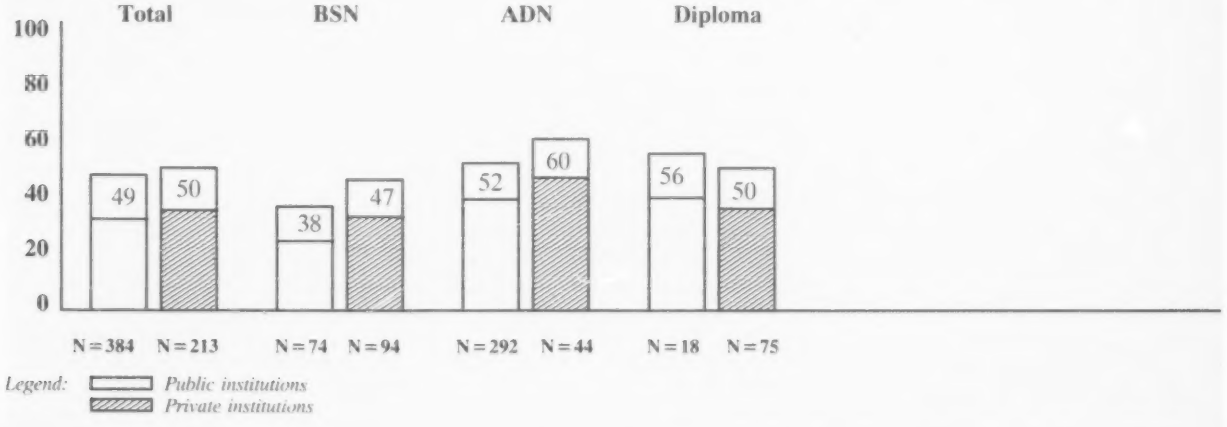
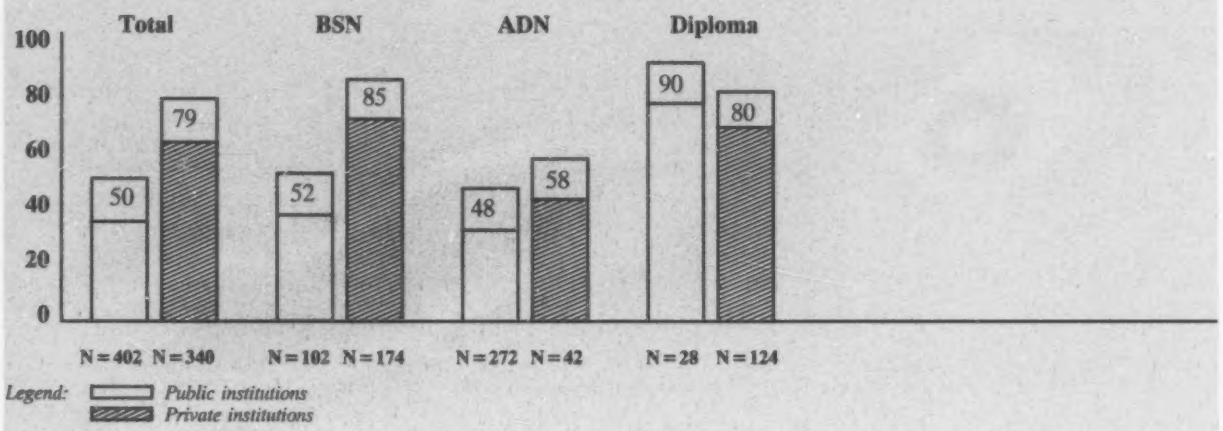


Figure 5. Percentage of Nursing Schools Having Trouble with Recruitment, 1986



NLN last measured the net retention rates in 1981-82 and before that in 1978-79 [4,5]. The net retention rate has improved for public diploma programs and has remained almost unchanged for private programs. Private ADN programs experienced a dramatic downfall between 1978-79 and 1981-82 and have managed to recoup their losses since then (see Figure 2). Most types of BSN programs, regardless of length of financial support, have either improved or maintained their net retention rates. The only exception is three-year private BSN programs, whose net retention fell dramatically from both 1981-82 and 1978-79. The most remarkable increase occurred in public four-year programs; it jumped from 55 percent in 1978-79 to 71 percent in 1981-82 and to 76 percent in 1985-86 (see Figure 3).

One interpretation of these facts is that in previous years schools saw attrition as a weeding-out process. Today, programs recognize attrition as a critical problem to conquer.

In terms of the data alone, net retention at the nation's nursing schools is satisfactory. However, the numbers do not help us understand what efforts institutions are making to produce them. Also, we need a better handle on what features of the contemporary nursing student population make it so difficult to hold onto them.

To better understand the extent of the retention problem and what factors contribute to it, we asked directors of nursing schools about retention.

Eighty-five percent, or 1,250, of the nation's directors of nursing programs answered questions about retention at their schools. Eighty percent of the directors of diploma programs, 84 percent of the directors of ADN programs, and 90 percent of the directors of BSN programs responded.

About 50 percent of all programs claim to have difficulty retaining students. The number of BSN programs that reported a retention problem was slightly lower than the numbers of ADN or diploma programs (see Figure 4). On the other hand, more than 60 percent of all of the programs reported recruitment problems. ADN programs reported having less of a problem than the others (see Figure 5).

The directors of all of the program types ranked "students have difficulty with required courses" as the number one factor that contributes to retention problems. Diploma and ADN programs agreed that the number two factor is "personal problems/family obligations," the number three factor is "financial difficulties," and the number four factor is "inability to find jobs."

BSN program directors indicated that "financial difficulties" and "personal problems/family obligations" are equally important at rank number two. "Inability to find jobs" ranked a distant fourth.

Contemporary nursing students appear to be having more trouble with nursing curricula than before. Juggling family obligations and personal lives with the demands of school is also tough for students. Many BSN students are discouraged by high tuitions and fees.

Some directors specified other factors that contribution to attrition: students decide that nursing isn't for them; choose other majors; have learning disabilities; and so on. Still, the message is clear. Students need academic and emotional help to complete their educations. Students in BSN programs also need financial aid.

It is all too apparent that nursing programs are in crisis. The shrinking number of first-time admissions is taking a toll on the number of new graduates. These trends are certain to exacerbate an already growing nursing shortage.

From nursing programs' vantage points, the top problem is how to bring students in. Although many people who take an interest in education have speculated that attrition problems are just as hard on nursing schools as recruitment problems, the data say otherwise. In fact, net retention is as strong and maybe stronger than it's ever been. Some individual programs are having harder times than others, and some segments of the population are feeling the pressure. On the whole, however, nursing faculties are doing things right.

References

1. Rosenfeld, Peri, Education in crisis, *Nursing & Health Care*, May 1987, 282.
2. Bean, John, Assessing and reducing attrition, in Hossler, D. (ed.), *Managing College Enrollment*, San Francisco: Jossey-Bass, 1986.
3. Tinto, V., Limits of theory and practice in student attrition, *Journal of Higher Education*, 53(6), 1982.
4. National League for Nursing Division of Research, *Nursing Data Book 1983-84*, New York: NLN, 1984.
5. National League for Nursing Division of Research, *Nursing Data Book 1981*, New York: NLN, 1982.